



www.ouderkindsamimi.nl

Expression of Interest Form

Yes!! I would like to register my child for Samimi as soon as space becomes available!

Parent/Guardian name:	
Parent/ guardian phone number:	
Name of child	
Age of child:	
Day	Monday-> morning: 0 afternoon: 0 whole day: 0 Tuesday-> morning: 0 afternoon: 0 whole day: 0 Wednesday we are close Thursday -> morning: 0 afternoon: 0 whole day: 0 Friday-> morning: 0 afternoon: 0 whole day: 0

Thank you for your expression of interest! We will inform you as soon as space becomes available.

*note: Filling in this form does not mean you have a place. We will contact you as soon as we can!!

Would you also like to participate in our parent gathering space, where parents can be together informally, share a coffee/tea, learn and exchange skills, and participate in workshops? Let us know!!

I'd like to participate! Yes/No

I'd like to know more! Yes/No

Send you wishes to mail@samimi-ouderplein.nl

With warm greetings

Team of SAMIMI

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